

RESIDENTIAL SERVICE SUSPENSION REQUEST

Utility Account Number:	
Serv	ice Address:
Reas	on for Suspension of Service:
1)	House for Sale/Rent: Date Vacated:
2)	Out of town [three (3) months minimum required]: Departure Date: Approximate Return Date:
3)	Other: Date Vacated: Reason:
New	Mailing Address:
EXCE (c) Re cases made	phone Number:
•	The City will not be held responsible for request/notices lost in the mail and/or not received by our office. Nor will the City be held responsible for requests/notices received after the requested effective date. The effective date will be the final decision of the City of Huntsville, Sanitation Division. No requests for suspension of garbage service will be accepted in arrears.
and cl	erstand that the Sanitation personnel will be instructed not to collect any debris from this location until services harges have been reinstated. I agree to notify the Sanitation Division of any occupancy of this residence. I read and understand the above ordinance excerpt.
Date	Signature of Authorized Person
If na	me on utility account is different from above, please explain: